



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N., R.H.I.T., Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, ID 83720-0036  
PHONE 208-334-6626  
FAX 208-364-1888

December 15, 2008

Jill Howell, Administrator  
St. Benedict's Family Medical Center  
P.O. Box 586  
Jerome, Idaho 83338

RE: St. Benedict's Family Medical Center, provider #131310

Dear Ms. Howell:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at your facility, St. Benedict's Family Medical Center, on December 2, 2008.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

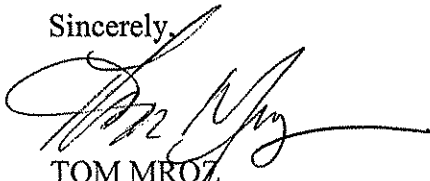
Sign and date the form(s) in the space provided at the bottom of the first page.

Jill Howell, Administrator  
December 2, 2008  
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **December 30, 2008**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tom Mroz', with a long horizontal flourish extending to the right.

TOM MROZ  
Health Facility Surveyor  
Facility Fire Safety and Construction Program

TM/lj

Enclosures

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>131310</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/02/2008</b>
NAME OF PROVIDER OR SUPPLIER <b>ST BENEDICTS FAMILY MEDICAL CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>709 NORTH LINCOLN JEROME, ID, ID 83338</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	<p><b>INITIAL COMMENTS</b></p> <p>The hospital building is a single story structure with a partially finished basement that was originally constructed in 1951. The basic construction type for the hospital building is protected non-combustible. Since its original construction, the building has undergone several renovations and a major addition to the ED/Radiology/Main entry. The building is provided with partial sprinkler coverage in portions of the lower (i.e., basement) level and on the main level in the ED/Radiology/Main Entry addition only. There are two exits from each level to grade plus additional exits to the exterior from the main level at dietary service, the Radiology suite, and the ED Suite. Interior finish of corridors is class A and emergency power is provided by an on-site diesel powered automatic generator set.</p> <p>The facility was surveyed as an "Existing" Health Care Occupancy under the Life Safety Code, 2000 edition as adopted by the Centers for Medicare and Medicaid (i.e., CMS) in March of 2003. Additionally the facility was surveyed under the Fire Safety Evaluation System/Health Care (i.e., FSES/HC). Based on FSES/HC, equivalency is achieved and no plan of correction is required for deficiency tag K130.</p> <p>The following Fire/Life Safety deficiencies not covered by FSES/HC and requiring corrective action are based on the provisions set forth in the Life Safety Code, 2000 Edition, Chapter 19, Existing Health Care Occupancy.</p>	K 000	<p><b>K 000</b></p> <p>Please accept this plan of correction as our allegation of compliance.</p>		
K 021	<b>NFPA 101 LIFE SAFETY CODE STANDARD</b>	K 021	<p><b>K021</b></p> <p>Maintenance removed the door prop located on the administration</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



ASST. ADMIN.

12/29/2008

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 12/11/2008  
FORM APPROVED  
OMB NO. 0938-0391

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K 021	<p>Continued From page 1</p> <p>Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <p>a) the required manual fire alarm system;</p> <p>b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</p> <p>c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2</p> <p>This Standard is not met as evidenced by: Based on observation it was determined that the facility had not ensured self-closing doors were free of obstructions to completely latch properly to provide a smoke resistant seal. Only devices arranged to automatically close through fire detection systems are permitted.</p> <p>The findings include:</p> <p>Observation made on December 2, 2008 at 12:30 PM disclosed that the existing self-closing doors to the administration hallway and the freight elevator lobby were propped open by wedges and or door holders. Lack of a self-closing door would allow smoke to permeate the smoke corridors of the basement, exit accesses, and exit discharges. This was observed by the maintenance engineer and surveyor.</p>	K 021	<p>hallway. Maintenance disabled the hold open device from the freight elevator lobby.</p>	12/24/2008	

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K 021	Continued From page 2	K 021			
K 029	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This Standard is not met as evidenced by: Based on observation it was determined that the generator room wall penetrations were not smoke resisting.</p> <p>The findings include:</p> <p>Observation on December 2, 2008 at 12:46 p.m. disclosed that the area above the interior door to the generator room had numerous penetrations that would allow the passage of smoke. Penetrations included several openings where the sprinkler piping had been installed. Lack of smoke resisting partitions would allow spread of heat and smoke through the corridor. This condition was observed by the surveyors and the maintenance director.</p>	K 029	<p><b>K 029</b></p> <p>Maintenance sealed penetrations above the door into the generator room</p>	12-24-2008	

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K 056 K 056	<p>Continued From page 3</p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>This Standard is not met as evidenced by: Based on observation, it was determined that the facility physical plant automatic fire sprinkler piping had not been maintained in accordance with NFPA 25 whereas sprinkler piping shall not be subjected external loads either resting on the pipe or hung from the pipe.</p> <p>The findings include:</p> <p>Observation on December 2, 2008 at 12:45 p.m., disclosed that wire was attached to the automatic fire sprinkler piping throughout the physical plant portion of the facility. The conditions described in this can have a detrimental effect on the performance and life of pipe by affecting corrosion rates or pipe integrity or otherwise rendering the pipe ineffectual. This was observed by the maintenance engineer and surveyor.</p>	K 056 K 056	<p><b>K056</b></p> <p>The removal of wires from the sprinkler piping is scheduled for removal by January 21, 2009.</p>	01-21-2009	

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K 072	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10</p> <p>This Standard is not met as evidenced by: Based on observation it was determined that the facility had not ensured the means of egress doors were in operable condition.</p> <p>The findings include:</p> <p>Observation made on December 2, 2008 at 1:43 p.m. disclosed that one door of the double door set to the exterior in the corridor adjacent to radiology is inoperable. Lack of a fully operational means of egress can cause an impediment to egress in case of fire and other emergencies. This was observed by the maintenance engineer and surveyors.</p>	K 072	<p><b>K072</b></p> <p>Door closure installation shall be completed by February 2nd. Actual date will be determined by the delivery of the closure.</p>	02-02-2009	
K 130	<p><b>NFPA 101 MISCELLANEOUS</b></p> <p><b>OTHER LSC DEFICIENCY NOT ON 2786</b></p> <p>This Standard is not met as evidenced by: Based on observation on December 2, 2008, the facility did not assure that all exit access corridors did not have a dead-end corridor exceeding thirty</p>	K 130	<p><b>K130</b></p> <p>Based on FSES/HC, equivalency is achieved and no plan of correction is required.</p>		

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K 130	Continued From page 5 feet.  Findings includes:  Observation on December 2, 2008, revealed one of three exit access corridors (i.e., west wing) on the main level was observed with a dead-end exceeding thirty feet in length. Although enclosed stairs are located at the end of the west wing, the stair discharges into the lower level lobby area of the attached LTCU which has use areas not one-hour separated so as to form a rated stairway enclosure (i.e., exit passageway) to the exterior.	K 130			
K 147	NFPA 101 LIFE SAFETY CODE STANDARD  Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  This Standard is not met as evidenced by: Based on observation it was determined the facility had not ensured electric wiring junction box opening remain closed.  The findings include:  Observation made on December 2, 2008 at 1:05 p.m. disclosed that the ceiling mounted electric wire junction box in mechanical room three was open with exposed electric wiring. Lack of a cover could present a shock hazard and/or a fire hazard if overheating or electric short were to occur. This was observed by the maintenance engineer and surveyor.	K 147	<b>K147</b> 12-24-2008, electrical cover has been installed.  General Safety Inspections shall be monitored and documented on compliance forms, quarterly review by the Safety Committee.  Work orders shall be reviewed by the Maintenance Supervisor.  Periodic environmental inspections shall be completed and documented on compliance forms, quarterly review by the Safety Committee.	12-24-2008	

## Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>131310</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/02/2008</b>
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B 000	<b>16.03.14 Initial Comments</b>  The hospital building is a single story structure with a partially finished basement that was originally constructed in 1951. The basic construction type for the hospital building is protected non-combustible. Since its original construction, the building has undergone several renovations and a major addition to the ED/Radiology/Main entry. The building is provided with partial sprinkler coverage in portions of the lower (i.e., basement) level and on the main level in the ED/Radiology/Main Entry addition only. There are two exits from each level to grade plus additional exits to the exterior from the main level at dietary service, the Radiology suite, and the ED Suite. Interior finish of corridors is class A and emergency power is provided by an on-site diesel powered automatic generator set.  The facility was surveyed as an "Existing" Health Care Occupancy under the Life Safety Code, 2000 edition as adopted by the Centers for Medicare and Medicaid (i.e., CMS) in March of 2003. Additionally the facility was surveyed under the Fire Safety Evaluation System/Health Care (i.e., FSES/HC). Based on FSES/HC, equivalency is achieved and no plan of correction is required for deficiency tag K130.  The following Fire/Life Safety deficiencies not covered by FSES/HC and requiring corrective action are based on the provisions set forth in the Life Safety Code, 2000 Edition, Chapter 19, Existing Health Care Occupancy and 16.03.14 Rules and Minimum Standards for Hospitals in Idaho.	B 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

021199

7X8L21

If continuation sheet 1 of 2

## Bureau of Facility Standards

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BB162	Continued From Page 1	BB162			
BB162	<p>16.03.14.510.02 Life Safety Code Requirements</p> <p>Life Safety Code Requirements. The hospital shall meet such provisions of the "Life Safety Code", 1985 Edition, of the National Fire Protection Association as are applicable to Health Care Occupancies which is incorporated by reference.</p> <p>Any hospital in compliance with either the 1967 Edition of the "Life Safety Code" or the 1981 Edition of the "Life Safety Code" prior to the effective date of these rules is considered to be in compliance with this section so long as the hospital continues to remain in compliance with that Edition of the "Life Safety Code." Life Safety Codes are available in the licensing agency of the Department.</p> <p>Remodelings, additions, and/or upgrading of building systems in existing hospitals shall meet the minimum standards set forth in the 1985 Edition of the "Life Safety Code" for new construction.</p> <p>In the event of a conflict between the applicable edition of the Life Safety Code and applicable state or local building, fire, electrical, plumbing, zoning, heating, sanitation or other applicable codes, the most restrictive shall govern.</p> <p>This Rule is not met as evidenced by:</p> <p>Refer to CMS 2567 and K-Tags , K021, K029, K056, K072, K130 and K147</p>	BB162	See K021, K029, K056, K072, K130 & K147		

STATE FORM

021199

7X8L21

If continuation sheet 2 of 2